FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08057
1. PLACE OF DEATH	(131)
County Frederick	Registration Dist. No. 134
Village or City Enmitaling	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mrsds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lug 27 (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WAFE of	22. 1 HEREBY CERTIFY That I attended deceased from
11:14 1050	Jan ,100 , 10 lleg 2 7 , 1923
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at
4 C // / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: about 1920
kind of work done, as SPINNER, Ketsel	Chronic Myocardetis about 1922
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 4/1/3/1	
12. BIRTHPLACE (city or town) Sumulsland (State or country)	Other Contributory Causes of importance: Chronic Nephritis about 1927
E TO THE O	Name of operation. Tonl Date of
(State or country)	Name of operation Dete of What test confirmed diagnosis; and Charle Wes there an au'opsy? O
15. MAIDEN NAME Turny Jone Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Survivalency	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Ums Sources agreed (Address) Guestaluks and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOTAL 7	Menner of injury
Place Freintsburg Uld Date 8/29, 19 33	Nature of injury
19. UNDERTAKER W. J. Shuff J. (Address) Guntalibra reed	24. Was disease or injury in eny way related to occupation of deceased? 200
20. FILED Care 28 , 1933 M.F. Shaff Registrar.	(Signed) LIR Carl & M. D. (Address) Aussuthlie
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1	MARGIN RESERVED FOR BINDING	FOR BINDING	
BWRITE PLAINLY, V	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	S IS A PERMANENT	RECORD. Every item of infor-
mation should be caref	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	stated EXACTLY	. PHYSICIANS should state
CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	properly classified.	Exact statement of OCCUPA-
TION is very importar	TION is your important Soo instructions on hard of contificate	Contificato	

	CERTIFICATE OF DEATH 08058
1. PLACE OF DEATH	119
County frederich	Registration Dist. No. 130
Village or City Line I Cily	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	dean occurred in a hospitar of institution, give his NAIVIE, instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CON AL MON Badlana C	
(a) Residence: No. Lune Kilin	St Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	7 7 7-17
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year)	July 3 V , 1933 to Cung 7 , 1923
6. DATE OF BIRTH (month, day, and year) 5 1 9 3 5  7. AGE Years Months Oays If LESS than	to heve occurred on the date stated above. at 2 P. c.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Estima di la
1. Industry or business in which	Links 2 yrs
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc  Do ate deceased last worked at this occupation (month and	a'
O late deceased last worked at this occupation (month and year)	Diambia
12. BIRTHPLACE (city or town) Line 1 Kily	Other Contributory Causes of Importance:
(State or country)	
13. NAME Clas. & Cambrish 14. BIRTHPLACE (city or town) - Low-	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Bessie Eller Cunhsh	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & has, & bunhash (Address) Sun / Sulm	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place /10 1 2 1 2 0ate Cuy 8, 19 3 3	Neture of Injury.
19. UNOERTAKER T.P. Nice	24. Wes disease or injury In any way related to occupation of deceesed?
(Address) Ful and	If so, specify
20. FILED 1933 / Cly \ Negistrar.	(Signed) / M.D.  (Address) Parting large
If more blanks are needed, address State Registrar	24 Y N Charles Street Baltimore Descriting 71 C N.

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I	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Perilonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
TIDDITIONALL	DI ZIULI	LOIL	T. O IV I TITIZIT	O T AF T TAME TATAL TO	17 1	THEOLOGIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08059
1. PLACE OF DEATH	932
County prederick Within the Occase	Registration Dist. No. /3/
Village or City Frederick	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Michael Samuel Baugher	
	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH August 21st., 193 3
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Rhoda Fox	22. f. 1 HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) July 4. 1870	I last saw h alive on the dead is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 = 150 -m.
63 1 17   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer	A PA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Barmer  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home  10, Date deceased last worked at this occupation (month end	weile Vulnuary Chang Fire
work was done, as SILK MILL, SAW MILL, BANK, etc	J
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 55	
12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of importance:
(State or country)	Carrie Thyrageliles 10 4
13. NAME John D. Baugher	
13. NAME John D. Baugher  14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Data of
	What test confirmed diagnosis?
15. MAIDEN NAME Sarah S. Shankle.  16. BIRTHPLACE (city or town) Matylant (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
17. INFORMANT Mrs. M. S. Baugher,	Where did injury occur?
(Address) 401 7 South St., Frederick, Md.  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Walkersville, Glade Date 8/23/35, 19	Nature of Injury
19. UNDERTAKER M. R. Etchison & Son.  (Address) Frederick Markettel	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
20. FILED 23-ay , 1933 oroa michiele Registral	(Address) To estable The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebrat hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

FOR BINDING

MARGIN RESERVED

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	2061
1. PLACE OF	DEATH			119	JUUL
County	Fred	rick	-/>-	Registration Dist. No. /	35
Village or City	WE	More	lle	No	Ward
Length of rasidar	nce in city or town where	death occurred	yrs 7 mos	death occurred in a hospital or institution, give its NAME instead of street are to do. How long in U.S. if of foreign birth?yrs	
2. FIII I NAM	- arthu	1. Ray	Brau	Leibine	
(a) Residence	· No		. J. C.	St. Ward.	
(a) itesidelice	. 110.	(Usual place	of abode)	If nonresident give city or town a	nd State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	color or RACE		RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 <b>3</b> (Year)
5a. If marriad, widowed, HUSBAND of (or) WIFE of	, or divorcad		1	22. I HEREBY CERTIFY, That I attended	ed deceased from
6. DATE OF BIRTH (me	onth, day, and yaar)	lan -10 -	1933	I last say sign aliva or legg 201	a daath is said
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at	
		10	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trada, profassion kind of wor	on, or particular k dona, as SPINNER, OOKKEEPER, etc			0010 0 1	Dateolouset
kind of wor SAWYER, BO SINDUSTRY OF DUS WORK WAS DO SAW MILL, Data deceased	sinass in which			The for which the	-5
SAW MILL,	sinass in which ona, as SILK MILL, BANK, atc				
Data deceased this occupat year)	ion (month and		me (years) It in this pation		
12. BIRTHPLACE (city o		svill	Section	Other Contributory Causes of Importance:	
13. NAME 27	elientes	there of	Branden		
13. NAME 14. BIRTHPLACE (c	ity or town)	Stril	0	Nama of operation	
(State or co		mar	uland	Nama of operation Date of What tast confirmed diagnosis? Was there a	
15. MAIDEN NAME	Florence	Geraldis	Le Kline	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also tha follow	
15. MAIDEN NAME	ity or town) Wal	fiville		Accident, suicida, or homicide? Date of injury	•
E   (State or co		mary	land	Where did injury occur?	
17. INFORMANT . ZV.	arthur	Brank	enburg	(Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tale) PLACE.
18. BURIAL, CREMATIO	N, OR REMOVAL	*		Mannar of injury	
Placedeast	en eme	spata line	-22,1933	Nature of injury	
19. UNDERTAKER Ess (Addrass)	Shirth	sedene	R.L	24. Was disaasa or injury in any way related to occupation of dacaasad?	
20. FILED aug.	21, 19 33 Cha	slev LLe	atherma Registrar.	(Signad) (Address)	M. D.
	If more	blanks are needed, ac	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

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Example 1	ii	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU				
Other contributory causes of importance:		Other contributory causes of importance:	-248	
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. (Yeer)

Date of onset

(Dey)

h of deceased?

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Example 1		Example 11		
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BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

			F MAR	YLAND-	CERTIFICATE OF DEATH 08063
1.	PLACE OF DEA		Difference of the last of the		(210-m)
	County Frederick				Registration Dist. No. / 3 /
	Village or City	Frederi	ck		No Frederick City Hospitalst., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In c	ity or town where da	aath occurrad		s: 2 ds. How long in U.S. If of foreign birth?yrsmosds.
2	FULL NAME_/	Terbert.	R. Burd	lette	
	(a) Residence: No.				St., Ward.
-	(4) 11001001100. 110.		(Usual place	of abode)	If nonresident give city or town and State
	PERSONAL AN		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S		n or race	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a.	f married, widowed, or div HUSBAND of		N.L.1	15.10	(Month) (Day) (Tear)
	(or) WIFE of				22. 1 HEREBY CERTIFY, That I attended deceased from
					July 30 ,1933, 10 aug 1 ,1933
6. D	ATE OF BIRTH (month, da GE Years	y, and year) 19(	-	If LESS than	last saw h Lin aliva on
	GE Teals	months	Days	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1	8. Trade, profession, or p	2	1 6	ormin.	were as follows: Date of one of
OCCUPATION	kind of work done	as SPINNER, Fa	rm Labo	rer	Intrallocarie Neuron hage Mul 3
Y V	9 Industry or business i	n which			The transmitted of the same of
3	work was done, as SAW MILL, BANK,				falling terms.
3	10. Date deceased last wo this occupation (mo year)	onth and 100	3 II. Total t	ima (years) L. fe nt in this upation	
12.	BIRTHPLACE (city or town)	Freder	rick Co		Other Coutributory Causes of importance:
	(State or country)	Mary	land,		Shock.
ב	13. NAME Wij	lliam R.	Burdet	te	
FAIHER	14. BIRTHPLACE (city or t				Name of operation Date of Date of
	(State or country)		ryland,		What test confirmed diagnosis? Was there an au'opsy?
븳.	15. MAIDEN NAME		Hilton		23. If death was due to external causes (VIOL ENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or t	own) Mont	gomery	Co.	Accident, suicide, or homicide?Date of injury 2019 3
Σ	(Stata or country)	Mar	yland		Where did injury occur? State Highway Redgessell
17.	NFORMANT Mrs	.Rebecca	a Poole		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
0	(Address) R F I	Mt. A:	iry, Md.		Public Place of worden
. 0.	PMontgome:		TBate Allo	3 1933	Manner of injury Struct be anto Willowalland Nature of Injury Freethers Struck on Not
	/	has the	1-	73	nature of injury. O Literature
19.	(Address)	the fla	12 mid		24. Was disease or injury in any way related to occupation of deceased?
	2011	23)	1000		If so, specify  (Signed) ED Thomas M.D.
2D.	FILED MANY	195 4	W.	enely	(Address) A 20 do 2 de la

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP U 1934	July 5, 1927	Perilonitis	3 days ago	
	BUREAU V.S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH of pluods Registration Dist. No. item J O (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred \_mos.\_ RECORD. PHYSI (a) Residence: No. Ward If nonresident give city or town and State Javal place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, 21. DATE OF DEATH VORCED (whethe word) un (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of HEREBY ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day.\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance 26 or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. plnous may back Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: Ë 16. BIRTHPLACE (city or town Accident, suicida, or homicide?. OF DEATH (Stata or country) Where did injury occur?\_\_\_ (Specify city or town, county and State INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred plnods 17. INFORMAN very 18. BURLAL Manner of injury CAUSE Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE (Address) If so, specify (Signed) 20. FILED - Qua 1933 Registrar. (Address) \_. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH (1806:)
1. PLACE OF DEATH	(245)
County Frederick	Registration Dist. No. / 3 8
Village or City New Market.	NoSt.,War
Length of residence In city or town where death occurred 50 yrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsd
2. FULL NAME Grafton H. Cran	iptou.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX . 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
M. B OR DIVORCED (write the word) Married.	21. DATE OF DEATH Jug., 10 193 3 (Yeer)
50. If married, widowed, or divorced HUSBAND of Cor) WIFE of Ella, Crawhton,	22. HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, end year) Feb 2. 1861	I last saw h Less alive on Jug 9 1,1933; death is sai
6. DATE OF BIRTH (month, day, end year) Feb 2 74 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2,30m
7 9 / C 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or perticular kind of work done, as SPINNER,	Chronie Interatitial Corrhocia 193/
SAWYER, BOOKKEEPER, etc. Jabres 9. Industry or business in which	of the lever. Clas
Q work was done as SII K MIII	
SAW MILL, BANK, etc. Asymptotic Saw Work of this occupation (month and year)  year)	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  Maryland:	
13. NAME Dernis Grampton	
13. NAME Dernis Grampton  14. BIRTHPLACE (city or town)  (State or country)  Waryland.	Name of operation Oate of What test confirmed diagnosis? Home Was there en autopsy? He
15. MAIDEN NAME Violet Sylowden	What test confirmed diagnosis? Was there en autopsy? NO.  23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Violet Showden  16. BIRTHPLACE (city or town).  (State or country) Wary land	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Calla: Parametron wife	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place hell Willamk II Oate Oug (2 ,1933	Neture of injury
19. UNDERTAKER W. E. Falcour,	24. Was disease or injury In any way related to occupation of deceased? Www
(Address) hew maket	If so, specify
20. FILED Aug 11. 1933 Lucian & Falsoner Registrar.	(Signed) Mula Market Mof. M.

V. S. No. 1

-WRITE

N. B.-

mation should be carefully supplied. PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	enter and	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PEREAU V.S.	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

193 3

(Year)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

Registrar.

OF MARYLAND—CERTIFICATE OF DEATH

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	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 08067
1. PLACE OF DEATH	(jo)
County Frederick	Registration Dist. No. 145
Village or City Myer's VIIIe	
	Mord fdealh occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s. 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Tau Albert	e01,97166
(a) Residence: No.	St.,) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Mojith) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CEBTIFY. That i attended deceased from
(01) WILE 01	Aug 26 1933 to Aug 24 193=
6. DATE OF BIRTH (month, day, and year) Dog 18, 1931	liast saw half alive on Aug 27 1 1933 death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Acidasis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (most) and	
O 10. Date deceased last worked at 11. Total time (years)	Myseardiles (gents)
U 10. Date deceased last worked at this occupation (month and year) year)	/
12. BIRTHPLACE (city of town) My 2 1° 3 V 1 S	Other Cuntributary Causes of importance:
12. BIRTHPLACE (city or town) (Y Y & C SY) (1 C State or country)	Diarrokea - Nou sufections
13. NAME C. Albert Degrance	Mesus July Track sulforopes
13. NAME ALBERT DECIDENCE  14. BIRTHPLACE (city or town) Ayer Silver	Name of course of
(State or country)	Name of operation Date of
I 15. MAIDEN NAME M = 1814 P. Hasuht	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Y Y SY	Accident, suicide, or homicide?
(State of country)	Where did injury occur?
17. INFORMANT Mary R. De alla 1800	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Musy Sville M	Specify whether might becarred in the bostki, in nome, of the foliate peace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Myel'sville U. 13 Date 8/29 , 1933	Nature of Injury
19. UNDERTAKER C. T. P. G. J. ZICILI	24. Was disease or injury in any way related to occupation of deceased? NO
(Address)	if so, specify
20. FILED Aug 28 1933 William & Wachter	(Signed) Lake Waters MD M.D.
Registrar.	(Address) Thyers will Mx.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		OSANO	
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08069
1. PLACE OF DEATH	(210-m)
county Frederics C	Registration Dist. No.
Village or City Libertie town	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
7/ 1/1 20 8 //	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliam M Dukpins	<u> </u>
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLORAOR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH \( \rangle \)
male Colonel OR DIVORCED (quite the word)	aug 700 1953
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceesed from
20. 55	My - 7 1933, to Ming - 7 33, 1933
6. DATE OF BIRTH (month, day, end year) Man, 23-1428	I last saw h. Jave and alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at _Om.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:  Date of onset
Trade, profession, or perticular kind of work done, es SPINNER, MME. SAWYER, BOOKKEEPER, etc.	In the second of the second
S Industry or business in which	Traction of Mules Mig. 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
2012	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
E 1 mad	None of a service
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there en aulopsy?
15. MAIDEN NAME Edua Green	What test confirmed diagnosis?
15. MAIDEN NAME Edna Green  16. BIRTHPLACE (city or town) Mds.	Accident, suicide, or homicide? Aleudand Date of injury and 7 19 35
E (State or country)	Where did injury occur? States Heyhways. No 26-1 Au for liberty
John Australia	(Specify cry or own, county and State) Specify whether injury occurred in INDUSTRY/m HOME) or in PUBLIC PLACE.
17. INFORMANT CADDE DUCK Bridge Mal	On public highways
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury trigued by allomobile
Place It Felero Cemelery Date Ulig 9, 1933	Nature of injury Trockers of Skulls
19 UNDERTAKER Towell Talkaugh	24. Was diseese or injury in any way related to occupation of deceased? Pla
(Address) dibuty fown Ind	If so, specify Af
20 FILED ally 8 1330 ma Certular	(Signed) Wu 13. Stoney
Registrar.	(Address) dibrity town
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	le I Example 1I		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS OF PRISO	NAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CII	77
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stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY, WITH UNFAD mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND-  1. PLACE OF DEATH /	-CERTIFICATE OF DEATH USUAU
County Frederick	Pagistration Diet No. 139
CH H. C	Registration Dist. No.
	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	os. O. ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ( LIGHT THE PLACE SA	NATORIUM / Af
(a) Residence: No. 3517 E. Farmourt as	Pe St., Ward Gallemore Wed.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. OR DAYORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
DATE OF BIDTH (month day and mon) Fall 8 1889	I last saw h Lasa alive on 8/22 , 193; death is said
DATE OF BIRTH (month, day, and year) PEC. 0 7 7  AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1:5'52m.
44 6 14 1day, hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Tends profession or makingles	were as for ws:  Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (year) 10. Oate deceased last worked at this occuration (months and sand in this contraction (months and sand in this sand in	
this occupation (month and year) ward 1933 spent in this 13	
2. BIRTHPLACE (city or town)	Other Contributory Canses of importance
(State or country) Peunsylvania	Thatter Hotel Colours
13. NAME andrew Fedder	
13. NAME Cudieus Fedday  14. BIRTHPLACE (city or town)	Name of operation Coulc Oate of
(State of country)	What test confirmed diagnosis? Line Lynn Was there an autopsy?
15. MAIDEN NAME Usara Lewis	23. If death was due to external causes (VIOL ENQ2) fill in also the following:
15. MAIDEN NAME Coma Lewis  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country) Sulfque	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Mulgew & Edder Ouadwessia	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) above  8. BURIAL, CREMPTIANDOR REMOVAL / 1	
Place Daltimore, led. Date luferown 19	Manner of Injury
1 1 Cuscour	Nature of injury
19. UNDERTAKER (1) (Address)	24. Was disease or injury In any way related to occupation of deceased?
May 13 /6 / Wa	(Signed) Server & Meffer M. D.
20. FILED Registrar.	(Address) State Sanatoring M.
	v, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

0001411

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Date of onset	The principal cause of death and of importance were as follows:	igaled cousts	pape of onset
1915	Attack of epilepsy	ST IS	A Mek ago
1921	Run over by street car	400	1 week ago
July 5,1927	Peritonitis	ELAED	3 days ago
Mau 1 1923		ortance:	1 year
	1915 1921	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of Imp	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

fot STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B.9)
County tradeuck	Registration Dist. No. 141
Village or City 13 runs are	NoSt.,Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Trees	2
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3, SEX 4, COLOR OR RACE 5, SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
French White Of DIVORCED (write the word)	21. DATE OF DEATH (8 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 18 1933	I last saw h. alive on 4 (5 ,19.) death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade profession or postion to	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Ny luly Boat
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
NOTE TO SENTING A SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and spant In this	7 JACON Fre But alex
year) occupation	Other Contributory Canaer of Importance:
12. BIRTHPLACE (city or town) 13 Cours Well (State or country)	
13. NAME GLO. TROUBLE TRUES	Name of apprehim
(State or county)	Name of operation
15. MAIDEN NAME Valen V - Hours	23. If death was due to externat causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME VALLE V - NOWS  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT SCO. FRANK IN THEEL (Address) Touch 7 Rock S	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL PIECE TAMPO ROCK - Date Cay 19, 1933	Manner of injury
19. UNDERTAKER Q. 18 7 Cut 47 on (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED lung 18 , 19 8 8 mis 14 , S. Helgas Registrat.	(Signed) (Address) (Addres
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100F 25 FELL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEE WARE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	Example I	1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Ccrebral hemorrhage	SEP 8 1933	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	ga.u v	Other contributory causes of importance:		
Gallstones	11 1 10.00			
Gaustones	May 1,1923	Gastroenterius	1 year	

V. S. No. 1 N. B.—V

County of reducer(R)	Registration Dist. No. 145
4	Registration Dist. No. 143
Village or City near My ersuelle	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs	n
2. FULL NAME Mary Janes Gross	ickle
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH aug 6 1933
If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.     HEREBY CERTIFY, That   attended deceased from
0, , , ,	lug 6, 1933, 10 Clug 6, 1933
DATE OF BIRTH (month, dey, and year)  AGE  Years  Months  Days  If LESS than	last saw h la alive on leg 6, 1933; death is se
1 dayhrs.	to have occurred on the date stated above, at
min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	04.
9. Industry or business in which	Marasuus
work was done, as SILK MILL, None	Castro-enterities Duration: 2 or 3 weeks.
10. Date deceesed last worked at this occupetion (month end spent in this	Curlo.
year) occupation	Other Contributory Canses of importance:
BIRTHPLACE (city or town) Mean Myerswelle	
(State or country)  Rayland	Improper Reeding
13. NAME 1. Blenn Brossnickle	, , , , , , , , , , , , , , , , , , , ,
14. BIRTHPLACE (city of town) Collection), I'redk) 60,	Name of operation Date of
(State or country) Maryland.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 6 dra 6 & eatherman	23. If death wes due to external couses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) 6 llerton, July 60,	Accident, suicide, or homicide? Date of Injury, 19
(State or country) maryland	Where did injust occur? (Specify city or town, county and State)
INFORMANT Mrs. N. Dleum Drossmickle	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	
Place Grossnickle's bemetery Date August 7, 19 3 3	Manner of injury
Bull Bull	Nature of injury
UNDERTAKER Dittle Brothers, (Address) Myerwelle Md.	24. Was disease or injury In any way related to occupation of deceased?
	If so, specify
FILED Aug 7, 933, William S. Wachtel	(Signed) Shue Hack

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date ot onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	Confan	STATE OF MARYLAND	CERTIFICATE OF DEATH 08075
	infor- state UPA-	1. PLACE OF DEATH	<del></del>
1	P \	County Treslevent with ine Do	Registration Dist. No. 131=
100	= =	Village or City Theslerich	Notrederich City Hospitalst. Ward
(13)	.= 0		death occurred in a hospital or institution, give its NAME instead of street and number)
	RD. Every YSICIANS statement	Length of residence in city or town where death occurredyrsmos.	. 6 ds. How long in U.S. if of foreign birth?mosds.
	Ev CI/	2. FULL NAME Angain Hah	m
	NEI YSI sta	(a) Residence: No. /2/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	CORD. Every PHYSICIANS oct statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECORD PHYSI Exact stat	3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH - 20
	Y	Ternale Mhili OR DIVORCED (write the word)	Conquest 4 , 193 3
NG.	NENT CTLY ified.	5a, If married, widowed, or divorced	(Month) (Day) (Yaar)
BINDIN	SS	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
Z	CXX	0. 11. 1005	14 ,1933 , to any 20 ,19 33
M	PE E ily ate.	6. DATE OF BIRTH (month, day, and year) 14 1433  7. AGE Years Months Days If LESS than	I last saw has alive on 1997; death is said
FOR	IS A P. stated I properly ertificate	I day, hrs.	to have occurred on the date stated above, (1, 7, 2,, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(	IS A PE stated E properly certificate	8. Trade, profession, or particular	were as follows: Date of onset
A	d be y be	Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and the contractions
RESERVED	ould may back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
3R		SAW MILL, BANK, etc.	
SS	1 m 10	10. Date deceased last worked at this occupation (month and spent in this	
RI	- C3 T6	year) occupation occupation	Other Contributory Causes of importance:
Z	ADING d. AG s, so the	12. BIRTHPLACE (city or town) Problems (State or country)	p ^
ARGIN	UNFA supplied n terms, ee instru		Dremalul Vielle
AF		E 7	
N		14. BIRTHPLACE (city or town) / Melling (State or country)	Name of operation Date of
		I 15. MAIDEN NAME Puty Eleen Geesey	What test confirmed diagnosis? Was there an autopsy?
	INLY, W) be carefu EATH in i	7 1 10	23. If death was due to extarnal causes (VIOLENCE) fill In also tha following:  Accident, suicide, or homicide?
	Ca TrH por	16. BIRTHPLACE (city or town)   Trusteet   Co     (State or country)   Pref	Where did injury occur?
		IT INFORMANT Colward M. Anthron	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
		(Address) /2/ E 6 Lat Frealench and	
/	shou E OF	18. BURIAL, CREMATION OR REMOVAL MI- Clives Cernely	Manner of injury
	on SE	Place Theolerica My Date 8-12, 19.33	Nature of injury
н	WRITE mation sl	19. UNDERTAKER Starne & Carly	24. Was disease or injury in any way related to occupation of deceased? \$200
No.	B. E. D. I.	(Address) / waterais Maj	If so, specify
2/2	3/71	20. FILED 2) - any , 1933 Obas medical	(Signed) Ofton
Δ	40	cegistrar.	(Address) Inderest, Ma
- 4		If more blanks are needed, addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	CUPA-	1
M)	tem of	should	f OCC	
	Every in	CIANS	tement o	
	ORD.	HYSI	t sta	
	. REC	Y. P	Exac	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BIN	PER	EX	rly cl	ate.
FOR	IS A	stated	proper	TION is very important. See instructions on back of certificate.
ED	CHIS	l be	y be	k of
ERV	NK-1	should	it ma	n bac
RES	NG II	AGE	that	o suo
GIN	FADI	ied.	ns, so	structi
MAR	[ UN]	lddus	n terr	ee ins
1	WICH	fully	n plai	nt. S
	LY,	care	TH i	porta
	LAIN	ild be	DEA	ry im
I	LE P	oys 1	E OF	is ve
н	WRI.	natior	CAUS	LION
V. S. No. 1	. B.	1	-	7
>	Z		1	1)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	119
county terefrick	Registration Dist. No. 12
Village or City Oak Crelieve	NoSt.,St.,
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)
6 10 - 10	No luria
2. FULL NAME TOOLS	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PACE 5. SINGLE MARRIED, WIDOWBD OR DIVORCED (write the word)	21. DATE OF DEATH
Hare wome omas	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	July 2 3 ,19 3 3,10 aug / ,19 3
6. DATE OF BIRTH (month, day, and year) OCF 5 1931	Ust saw h. Lu alive on Cuy \$ ,19 3 3 death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 10 22 am:
7 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9-21
SAWYER, BOOKKEEPER, etc.	(estutis) 7-28-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Up Date deceased last worked at this occupation (month and	-
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Pedaruff (State or country)	
	<u> </u>
E	7
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME AMARIE PORTE PORTE	223. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MALE FULL PORTER OF STATE OF STA	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT R & Helivia 7 3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The whitesor M	<b>k</b>
18. BURIAL, CREMATION, OR REMOVAL  Place  Place  AMAN  Landre  Date  19 32	Manner of injury
Prace Trace	Nature of injury
19. UNDERTAKER	24 Was disease or injury in any way related to occupation of deceased?
(Addiess) Ment hinksall	(Signed) Jay J. Hurch (M. M.)
20. FILEBULLY, 169 MACHINE CELL	(Address) New Wason My
· · · · · · · · · · · · · · · · · · ·	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
t -			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

2.	
Registration Dist. No. 13	2
ND. St.,	number)
ds. How long in U. S. if of foreign birth?yrs,mo	osds.
us Huderson	
St., Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	193 53
(Month) (Day)	(Yeer)
22. A I HEREBY CERTIFY, That I attended	deceased from
June 1, 193>, 10 august 1	), 19.33
I last sow har alive on Juguet 10, 1983	; death is said
to have occurred on the date stated above, at & m.	
The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	
Weld as follows.	Data of onset
/	
Qulmonary futerculoses	uprou
(/	
Other Contributory Causes of Importance:	
A A	ļ, <u>j</u> ,
Chrone Brownites	uninou
Name of operation. Date of	
What test confirmed diagnosis? Wes there an e	utopsy?K
23. If death was due to external causes (VIOLENCE) fill in also the following	:
Accident, suicide, or homicide? Date of injury	, 19
Where did injury occur? (Specify city or town, county and State	-)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
Menner of Injury	
Neture of injury	
24. Wes disease of injury in my way related to occupation of deceased?	no
If so, specify	
(Signed)	M. D.
(Address) Att A Survey - MA	Q

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

IARGIN RESERVED

state OCCUPA-

-	93-20
ck	Registration Dist. No. 132
letown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its ty Alvie instead of street and number) ds. How long in U.S. if of foreign birth?
na S. Hoffman	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 5 (Day) (Year)
onths Days If LESS than 1 day, hrs. or min.	I HEREBY CERTIFY. That I attended deceased from 1933, to 4, 1933; death is seid to have occurred on the date stated ebove, at 4, 1933; death is seid to have occurred on the date stated ebove, at 4, 30 m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
NER, House boin	Cerebral Neurorlags 2 33
11. Total time (years) spantin this occupation	Other Contributory Causes of importance:
H. Lemon	arterio Scheroso
MANOWN	Name of operation Date of
KALONIA	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
solen ones	Accident, suicide, or homicide?
Hoffman etown Man	Where did.injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Lully, Date Aug 7 , 19 33	Manner of injury
Source of Language Andress State Registrar.	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example II		
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1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	. /	(82-E)	200
County Fred	K,	Registration Dist. No.	31
Village or City Free	dk (1	No. 6 4 M. all Saulist, death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where	9 1.		
2. FULL NAME TOTAL	n Henry	Hollend	
(a) Residence: No. 164	W. all Sailts	St., Ward.	
(2) 1100100110011100	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	TCAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 3 (Year)
5a. If married, widowed, or divorced			
HUSBANO of (or) WIFE of Susan Re	becca Roberts	22. I HEREBY CERTIFY. Thet I attended	deceosed from
6. DATE OF BIRTH (month, day, and year) / 8	-48 much swithen	I last saw h has alive on Rep 7 4 ,19 39	; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 12/0/1m.	
85	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	201 - OSPP CH	Canton	1.9 2.7
SAWYER, BOOKKEEPER, etc.	errie whoer	Oming	1734
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	rail		
SAW MILL, BANK, etc	11. Total time (years)	Softening of brain; due to arterio-	
this occupation (month and 9 9 year)	spent in this 40	sclerosis. Duration : teal years . Cwap	
M	2	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	ryland		
	7	X	
= 1/10	1 Km Auga		-
14. BIRTHPLACE (city or town) (State or country)	UNIVOU OF	Name of operation	
	1	What test confirmed diagnosis? Was there an	
15. MAIOEN NAME	1 Marion	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	word will	Accident, suicide, or homfcide? Oate of injury	, 19
(State of Country)	00 0	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ie)
17. INFORMANT Thomas I for (Address) 64 Wall Lain A	Hand I Trulerick Med	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Panview Carrely	Manner of injury	
Place Mederica Wes	7_Oate_8	Nature of injury	
19. UNDERTAKER Service (Address)	Carly "	24. Wes disease or injury in any way related to occupation of deceased?	200
20. FILEO IJ - ary 1933 or	al mecine	(Signed) frague ful of huson	M. D.
-	Registran	(Address) Tolkleute M	ra

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WILE.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

ADDITIONAL SPACE F	OR FURTHER STATEM	ENTS BY PHYSICIAN	

4	STATE OF MARYLA	ND-	CERTIFICATE OF DEATH	nen
1.	PLACE OF DEATH		OC AND THE STREET	UTU
	County Frederick		Registration Dist. No. 18	2
	Village or City Burtettsville		No. St.	Ward
	M /		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Length of residence In city or town where death occurredl_Oyrs	mos.	ds. How long in U. S. if of foreign birth?yrsmc	sds.
2.	FULL NAME Mary Clizabelle	Dor	me_	
	(a) Residence: No.		St., Ward.	
	PERSONAL AND STATISTICAL PARTICULA	The state of the s	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. ŞE)			21. DATE OF DEATH	
Je	male White Mirried		(Month) (Day)	193 <b>3</b> (Year)
5a. If	married, widowed, or divorced			
	or) WIFE of Martin X. Darrel		22. I HEREBY CERTIFY That I attended	
	4.1.11.10.50	1	1930 19 10 lug 28	, 19. 📆 🗟
7. AGI	TE OF BIRTH (month, day, and year) Feb. // / 8 Vers Months Days If L	ESS than	to have occurred on the date stated above, at 9-38-m.	; death is seid
·· Ada	~/ / / lay,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
	B. Trade, profession, or particular	min.	were as follows:	Date of onset
PATION	kind of work done as SPINNER, Doubl wife		Chronic Myo cardity	bout
PAT	9. Industry or business in which		The same of the sa	1930
3	work was done, as SILK MILL, SAW MILL, BANK, etc.		o Mesleutes aus	1933
0 1	Dete deceased last worked at this occupation (month and year)	5)		30.1
	0 1 44 11		Other Contributory Causes of importance:	
12. BI	RTHPLACE (city or town) Quraully ville			
œ   ,	3. NAME John Moint Tayan			
= -	1 m	1		
F 1	1. BIRTHPLACE (city or town) (State or country)	de la	Name of operation Date ol	
œ 1	5. MAIDEN NAME MARY Elizabeth Bea	2	What test confirmed diagnosis? Was there an a	
<b>E</b>	The state of the s	7	23. If death was due to external causes (VIOL ENCE) fill in also the following	
D 11	6. BIRTHPLACE (city or town)	T	Accident, suicide, or homicide? Date of injury	, 19
	722 0 m 0 1 ft.	0.	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	)
17, IN	(Address) Bushotts will min	200	Specify wingings injuly occurred in thousant, in nome, of in Poblic PLA	UE.
18. BU	RIAL, CREMATION, OR REMOVAL		Manner of injury	
	Place Burkiltsville Date 8/30	, 19.3.3	Nature of injury	
19. UN	IDERTAKER CTTY Gladhill (Address) Middle town 1878		24. Was disease or injury in any way related to occupation of deceased?	
20. F11		Registrar.	(Signed) Shower Harp  (Address) Mind of the state of the	M, D,
	If more blanks are needed, address Sta	te Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Petitonitis	3 days ago
		- 1 oral q 235	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MITTED ATT WAS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08082
1. PLACE OF DEATH	
County Ire derich	Registration Dist. No. 12/=
Village or City Monterne	Nomanteene Sphilal St. Ward
(If Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Paudold. Jacken	The Tark
	Ot Wash
(a) Residence: No. Bartonalle Mag. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale  Colored  Transport	21. DATE OF DEATH  (Month) (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Civla Jackson.	22. I HEREBY CERTIFY, That I ettended deceased from 1931, to 20, 1932
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw harmalive on 9/95, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
76 Muleum Verlement or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Day Lalvus	
9. Industry or business in which	1100
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Sema
10. Date deceased last worked at this occupation (month and year) was consupation 1929 consupation 20 400	
12. BIRTHPLACE (city or town) Mary Land	Other Coutributory Causes of importance:
(State or country)	nephritis pr. 10.
13. NAME Jackson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME Cate Jackson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT James a will see the last of	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Montecue Cen Date 21- Ceny, 1931	Nature of injury
19. UNDERTAKER James a Jomes Suft.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED & J - any 19. 3. 3 Pora / Meture, Registrar.	(Signed) BOOLOW M. D.  (Address) Fraction M. D.
	2412 N. Charles Street, Baltimore, Requesting V. S. No. z.

BRACO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1 1 50 1 4 8 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OR DEAT plnods Registration Dist. No. / 3./ = County : Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_\_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ds. 2. FULL NAME (a) Residence: No. RECORD If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorcad I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 1933, to Clug 31 13 6. DATE OF BIRTH (month, day, and year) 1 Months to have occurred on the date stated above at 12.360 m 2/ Days 7. AGE If LESS than 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, PATION RESERVED SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ may back plnods DOCO 10. Date deceased last worked at 11. Total time (years) this occupation (month and 261933 spent in this occupation / UK Other Contributory Causes of importance: ARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) \_\_ / naresta Name of operation \_\_\_\_ plain (State or country) carefully What test confirmed diagnosis?\_ ----- Was there an au'opsy?\_ MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in elso the following: DEATH 16. BIRTHPLACE (city or town). Accident, suicide, or homicide? \_\_\_\_\_\_ Data of injury \_\_\_\_\_ 19 (State or country) Where did injury occur? \_\_\_ (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Natura of injury\_\_\_\_\_ NOIL 200 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER S. No. (Address) If so, specify (Signed) Registrar. (Address) \_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

trederick.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08084
1. PLACE OF DEATH  County Frederick	Posidadio Did N. / 9/
Village or City Frederick	No. 243. Dell Ave St., 3 Ward
emage of City Orchestates (If	No. 243. Ward St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mahlon Calvin d	toefauver
(a) Residence: No. 243 Dill Ave	St. 子 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Acro 78 1933
Maale White Married	(Mosth) (Oay) (Year)
5a. If married, widowed, or divorced  HUSBAND of Susan S. Ternsnell  (ar) WHE of Anna A. Ternsnell	22. I HEREBY CERTIFY, That I attended deceased from  Mch. 1 192 to aug. 28-33 19
6. DATE OF BIRTH (month, day, and year) Moon 7 1841	I last saw h alive on aug 27 12 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-30 Am.
92 5 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Francisco. SAWYER, BOOKKEPER, etc.	Chronia Miocarditio 3900 00
kind of work done, as SPINNER, FRANCE SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at Moar 11. Total time (years) this occupation (month and	
SAW MILL, BANK, atc.	
10. Date deceased last worked at Moar this occupation (month and 1917 occupation occupation)	
S	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) The device 60  (State or country) Mary land	Energed Perstate 12 /2 /200
m 91 111	-
I 13. NAME Hoenry Chafaiver	2
14. BIRTHPLACE (city or town) Greekerick ba  (State or country) Maryland	Name of operation 22 Date of Date of
	What test confirmed diagnosis? Was there an autopsy? To
I Division of the second	23. If death was due to external causas (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Medicales (State or country) Manufaced	Where did injury occur?
as de a	(Specify city of town, county and State)
17. INFORMANT CORRY OFFICE BLOW  (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 RIPLAL CREMATION OR REMOVAL	Manner of injury
Placeffreddlelown Date Aug 30, 1933	Nature of injury
Thomas of office	24. Was disease or injury in any way related to occupation of deceased? The
19. UNDERTAKER Chomas . Staire.  (Address) Frederick Med.	If so, specify
20 Rue 23 Annte	(Signed) Cenacles F. Goodell, M. D.
20. FILED 7 190 7 Registrar.	(Address) 122 Coup St.
If more blanks are needed address State Registrate	24. N. Charles Street Religions Proposition FI S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
and the second s			

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SED 6 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroentcritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—

1. PLACE OF DEATH	(57-C)
County Trederick Within the	Registration Dist. No.   3
Village or City Incoloriet	No.112 W Patrick St. W.
0/	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. ds. How long in U.S. if of foreign birth?mos
2. FULL NAME Marles Gambi	ill same
(a) Residence: No. 1/2 / Tatrich	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased in
(or) WIFE of	any 1 1933 to ang 3 193
DATE OF BIRTH (month, day, and year) 2-6-1925	I last saw h./y alive on any 3/193 death is
AGE Years Months Days If LESS t	
8 5 7 8 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of o
8. Irade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	41/3
5. Industry or business in which	1 2
SAW MILL, BANK, etc	
yoar) occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) Anglestown	Conjectal heart wat - 8 g
(State or country)	formation.
13. NAME Charles Lett Frame	Mongolan I deating 0/
13. NAME Charles Seth France  14. BIRTHPLACE (city or town) - Lague town	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 🖍
15. MAIDEN NAME Susay May Gamber 16. BIRTHPLACE (city or town) Predesich	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Charles S. France	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)/12 W Patrick II. Frederich Ma	~
8. BURIAL, CREMATION, OR REMOVAL My clives Cornel	Manner of injury
Place Midlenen My Date 8-2 , 19	Nature of injury
9. UNDERTAKER Stormy & Carty	24. Was disease or injurying any way related to occupation of deceasod?
(Address) Frederick Meg	If so, specify OP POP
	5
O. FILES - Char 19 37. Oridia Ja Miller	(Signed)

CTATE OF MADYLAND CEDTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*EF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

certificate.

See instructions on back of

TION is very important.

17. INFORMANT.

19. UNDERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Milton

Lantz

Creager

Thurmont.

Lantz

Son

Registrar.

should state of OCCUPA-

1	County Village or Cit	DEATH Frederic Lantz	<u>«</u>	Mde	Registration Dist. No. 13.  No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2	2. FULL NAN	Lester Lai	Frankli ntz (Usual place o	n Lantz	St., Ward.  If nonresident give city or town as	
	sex Male	4. COLOR OR RACE White	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH August 25th. (Month) (Day)	, 19833
	If married, widowe HUSBAND of (or) WIFE of	d, or divorced None	e August	22-1920	1 HEREBY CERTIFY That I attende Cary 20", 1938, to Cary 28"  1 last saw h and alive on Cary 25", 19.5.	d deceased from , 19.8.3  5.; death is said
	8. Trade, profess kind of wo	ion, or particular	Days 2 At Scho	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3, 45 Am.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Coule Ingresselles	Date of onset
OCCUPATION	9. Industry or b work was SAW MILL ID. Date deceased this occup	usiness in which done, as SILK MILL, , BANK, etc	11. Total ti	me (years) It in this		5/19/33
	(State or count	**	ntz Md		Other Contributory Causes of moortance:	1931
R FATHER	(State or o	(city or town)	antz antz Md	2	Name of operation Dete of What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (	(city or town)	abillas v		23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury  Where did injury accur?	9.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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1. PLACE OF DEATH	95-00)
County Tre derich	Registration Dist. No. 131=
Village or City M. onterree Amerital	No montecus Infutal St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredycsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Bertha Lee	
	Msk, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Thursday White OR DIVORCED (write the word)	alie 1 // 193 3
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
Too Care Conce	July 29 1933, to Using 11, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h Lh elive on Use 1/ 19.3-3 ; death is said
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the date stated above, at S, HOQ, m.
ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	
SAWYER, BDDKKEEPER, etc.	Dear Flec July 27
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete decessed last worked at 11. Total time (years)	
this occupation (month and 1933 spent in this occupation 30	
12. BIRTHPLACE (city or town) Waryl and	Other Contributory Causes of Importance:
(State er country)	antero Selerois Jel. 29
13. NAME Thomas Willehay	
13. NAME Story or Low Sillshay  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Date of
(State of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Sultie Johnson  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT James, a. Jones Sund	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Monterne Hospat, Ired, Te, Mid.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Hyattstown Mf, Date aug 14, 1939	Neture of injury
19. UNDERTAKER Hillon + Price	24. Wes diseese or injury in any wey releted to occupation of deceesed? 200
(Address) Barnespille, Mill.	If so, specify
20. FILED 12- ay 1933 Ma / McCendy	(Signed) 1000 M.D.
Registrat	(Address) Frederick Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

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	WRITE PLAINLY, WIN UNFADING INK-THIS IS A PERMANENT KECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
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1. PLACE OF DEATH	Within	82-2
County Frederick	Mitola Con Control	Registration Dist. No. 12/2
Village or City Frederick  Length of residence in city or town where or		St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John Whyte	MacGill	
(a) Residence: No. 225 T. 1		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH August 26th. 3 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Amellia J.  At  6. DATE OF BIRTH (month, day, and year)	relief Greehast	22 LI HEREBY CERTIFY That I attended deceesed from 1900 to 1900 ; death is seid
7. AGE Years Months	Days If LESS then 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were established:
8. Trade, prefession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11, Total time (years) spent in this SO occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Scotland (State or country)		
13. NAME David MacGill.		1/1/10
13. NAME David MarGill.  14. BIRTHPLACE (city or town) (State or country)	ınd	Name of operation Date of What test confirmed diagnosts? Was there an eulopsy?
15. MAIDEN NAME Hope Thyte  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. John V. Ma	tland	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Frederick, I 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fr	6. Aug. 29.,19 33	Manner of injury
19. UNDERTAKER M. R. Etchis (Address) Frederick, A	on & Son.	24. Was disease or Injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
•	1		
Other contributory causes importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

	•	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

)	Every item of infor-
•	RECORD.
MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eyery item of infor-
MARGIN RE	UNFADING I
I	WIT
	WRITE PLAINLY,
S. No. 1	B.—

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08030
County Frederick.	Registration Dist. No. 144
Village or City Near Lewistown	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Rosa Catherine Mart	
(a) Residence: No. Near Communication (a)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  August (Month) 20 th (1957)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY GERTIFY That I attended degeased from
Samuel B. Martz  6. DATE OF BIRTII (month, day, and year) Oct. 23rd. 1871	last saw has alive on the last saw has a death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at T.T. 554m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Tendo profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at Mch. 32 11. Total time (years) 11. Total time (years) 25	(6)
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Woods boro (State or country) Md.	Medle shows of the music
13. NAME Franklin Stottlemyer.  14. BIRTHPLACE (city or town) Myersville	Remirf A Break 100
14. BIRTHPLACE (city or town) Md •	What test confirmed diagnosis?
15. MAIDEN NAME MORIAN Jackson.  16. BIRTHPLACE (city or town)  (State or coupling)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Samuel B. Martz  17. INFORMANT Lewistown. MD  (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceMt. Olivet. Fredk. Aug. 22, 1933	Manner of injury
19. UNDERTAKER M. L. Greager & Son. (Address) Thurmont	24. Was disease or Injury in eny way related to occupation of deceased
20. FILED LUG 2 1, 1933 Change TH, Jones Registrar.	(Signed) M. E  (Address) And Address M. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V Daggoy	94		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. S. No. 1

PLACE OF DEATH  County Traderick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 130
Village or City Kilm (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SHINGLE, MARRIED, WIDOWED OR DIVORCED (Write he word)	16 DATE OF DEATH  (Munich) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year liftESS than	and that death occured on the date stated above, at
yrs	(Duration) 778 7828 de
which employed or (employer).  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Anis S. Mafwell	Contributory Secondary  (Single D. (Dubion) yrs. mos. de
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 BIRTHPLACE OF MOTHER (State or country)  W arkey. W	ients or Recent Residents)  place In the State yrs mos de Where was disease contracted,
(Informant) Luis CM of Well  (Address) Luis Kiln hut	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  37 - 7, 19 3.
15 Filed Cup 22 1933 T Cap 1 Towlord Registra	20 UNDERTAKER 6. E. Cline How Tradinek
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Sminner. (b) Cotton mill; (a) Salesmon. (b) Grocery. whatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from or given up on account of the DI EASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *L'ousekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nunager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile fectory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and palso (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremon, etc. the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulliess of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. For persons who have no occupation But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "biar pneumonia, Bronchopneumonia" ("Pneumonia");

American Medical Association.) earbolic acid—probably swicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitut nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Careinoma, Sarcoma, etc., o approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature Example: Measles (disease Always qualify all

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A | the duta is essent al and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08092	
1. PLACE OF DEATH	(0.2)	
County	Registration Dist. No. /32	
Village or City Middle town	ND. St., Ward	
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Intant Minn	ick	
(a) Residence: No	St.,Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
Male White Sizzole	21. DATE OF DEATH  (Month)  (Day)  (Year)	
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	6	
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 cleud 19 death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
2 H 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Date of onset	
SAWYER, BDDKKEEPER, etc.	- Quo	
SAWYER, BDDKKEEPER, etc.  i. Industry or business in which work was done, as SPINNER, SAWMILL, BANK, etc  10. Date deceased last worked at this generation (work) and the second last worked at this generation (work) and the second last worked at this generation (work) and the second last worked at this generation (work) and the second last worked at this generation (work) and the second last worked at this generation (work) and the second last worked at this generation (work) and the second last work and the secon	Bronditis (probabl) 15-	
SAW MILL, BANK, etc	acute capillary of shitis	
this occupation (month and year) occupation ————————————————————————————————————	Auration: test days Cross	
12. BIRTHPLACE (city or town) Milletown; (State or country)	Other Coatributery Causes of importance:	
=		
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an aulopsy?	
15. MAIDEN NAME HE COMINGE TOWN) Middle town	23. If death was due to external causes (VIOLENCE) fill in also the following:	
9 16. BIRTHPLACE (city or town) Made town (State or country)	Accident, suicide, or homicide? Date of injury, 19	
(State of Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Miller buy 19	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Tetorini Ceni Date 8/28 , 19.33	Nature of injury	
19. UNDERTAKER T. 71. 1 Padde (Addiess)	24. Was disease or injury In any way related to occupation of deceased?	
20. FILE LLUC 22 19.33 D. Granma James	(Signed) Mees Haye M. D	
If more blank are needed address State Project as	(Address) / Wide del town	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. H UNFADING INK-THIS IS A PERMANENT INCORD. Every item of infor-FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY, W

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-
County Frederick	Registration Dist. No. 132
Village or City Middletown	No. St. War
(II Length of residence in cily or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosdi
1 / 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ds. How long in U. S. if of foreign birth?yrsmosd
2. FULL NAME 1 + + > + The Transfer	CK.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 27, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 12 13 3  7. AGE Years Months Days If LESS than 1 day,	I last sav V. alive on the sate stated above, a fine PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
3. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Ocate capillory Branchitis Duration: ten day Curgo R  Other Contributory Causes of importance:
13. NAME UNIXONA	
13. NAME  14. BIRTHPLACE (city or town)  (Stale or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helen Minnick  16. BIRTHPLACE (city or town) Middleton 1  (Slate or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, survide, or homicide?, 19,  Where did injury occur?, 19
17. INFORMANT HELES MISSISSION MI	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Miller and Reformation of Removal	Manner of Injury
19. UNDERTAKER TY. G. CANDERS (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED USER 27, 1933 D. Margarit Seells.	(Signed) M. I

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		no Archie	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Date of Mes

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Oth			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or.	1	STATE	OF MAR	KYLAND-	CERTIFICATE OF	DEATH	
infor- state UPA-	1. PLACE O	F DEATH			(186-00)		
	County F	rederick			Regi	stration Dist. No. 12	/
sh of		Harac City Frederick			No. I. O. O. F. Home death occurred in a horpital or institution, give	its NAME instead of street and	
NS Sent	Length of res	sidence in city or town where	death occurred\	/4-yrs,2-mos	How long In U.S. if of foreign	birth?yrs	mosds.
Every CIANS Lement	2. FULL NA	ME Mrs. El	Len Mulle	n			100
RD. YSI stal	(a) Reside	nce: No.	(Usual plac	e of abode)	St., Ward. Long.com	ing, M.	nd State
RECO PH Exact	PERSOI	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIF	ICATE OF DEATH	
EX.	3. SEX	4. COLOR OR RACE	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Aug	just 24th.	3 , 193
NG TTI fled.	5a. If married, wido HUSBAND of						
MANI A C.	(or) WIFE of	Samuel Mul:	len		1 HEREBY CEI	RTIFY, That I attended	d deceesed from
A MX TO .	C DATE OF BIRTH	(month, day, and yeer)	h & Day T	Jnknown	Hest saw to le Trive on Gers	2-61 10 %	3. death is seld
PE PE	7. AGE	ars Months	Deys	If LESS then	to have occurred on the date stated above,	4.16 Pm	, death is seld
FOR B IS A PE stated E properly vertificate	8	9		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rewere es follows:		
	8. Trade, profe	ession, or particuler	Warra atris d		were estations.		Date of onset
ED HIS be be of	SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	Housewif	. 8	tracture	ned 1 tes	uu l
RV] ould may back	9. Industry or work w	business in which as done, as SILK MILL, A-ILL, BANK, etc.	t. home		A A	n ha	
EF Sho sho it m b	SAW MI	LL, BANK, etcsed last worked at		time (years)	Vulumail	1. Wellevice	Ł
RESERVED OG INK—THE AGE should be that it may be ons on back of		upation (month and 8/3	Sp.	entin this			
. 44	an Bibrilli Lor /-	Belfast			Other Contributory Causes of importance:		
RGIN I NFADIN plied. A rms, so t nstruction	12. BIRTHPLACE (c		Land		100000		
ARG] UNFA upplied terms,	≅ 13. NAME	Thomas Graham			- Milley		
T D T T		Ireland E (city or town)			Name of operation 21 10 2	Date of	
\(\frac{1}{2}\)	(Stete o	or country)		******	What test confirmed diagnosis?	- 0	
WI'P	当 15. MAIDEN N	AME UNKNOT	V ·		23. If death wes due to external causes (VI)	LENCE) fill in elso the followi	ing:
E		E (city or town) UNKN	ONN		Accident, suicide, or homicide?	Date of injury	3,19 3
AINLY, d be car DEATH	1 (0.00.00	or country)			Where did injury occur?	ify city or town, county and S	(ata)
S PLAI Should h OF DE	I IZ. INFORMANI	ecords I. O. ( Frederick, Md		10.	Specify whether injury occurred in INDUST	RY, in HOME, or In PUBLIC I	PLACE.
she E O E		TION, OR REMOVAL	Λ	0.0 88	Manner of injury		***
	Place LON	aconing, Md.		19.33	Nature of Injury		
WRIT mation CAUSI	19. UNDERTAKER	M. R. Etchison	n & Son.		24. Was disease or injury in eny way related	d to occupation of deceased?.	no
No. 1		Frederick, Md	• //		If se, specify		•
(T)	20. FILEDO 25 -C	Lecy 1933 8	my	recul	(Signed)	youras	M. D.
> 4			1	Registrar	(Address)	xeruck 2	ma.

If more blams are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUDDAN V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICAT	TE	OF	DEATH
EATH		(0)			

A	0	63	0	0 12
0	0	U	D	1)

1. PLACE OF DEATH	942
County Frederick	Registration Dist. No./2/=
Village or City Phadleck Deg Lto  Length of residence in city or town where death occurredyrs	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Mes Elizabeth 7/2 (a) Residence: No. 3 3 0 X food St. Changels	St., Ward.
(Usualfolace of aboffe) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	
Lewale White Granued	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. D. D. C.	1 HEREBY CERTIFY. That I attended deceased from 28, 19.33, to 28, 19.35.  I last saw here alive on 228, 19.57; death is said to have occurred on the date stated above at 11.45. m.
7. AGE rears Months Days 11 LESS the 1 day,	his. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and speak) speak in this	anguna fectoria femal 8
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
(State or country)	arters Selevacio 1930
13. NAME David Halland	
14. BIRTHPLACE (city or town) 1. (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? Data
15. MAIDEN NAME Mary Hullow  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Orthor & Realists  (Address) 230 Hord St, Chargeline Ma	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR TEMOVAL Place Wash. D. C. Date ang 28, 19.	Manner of injury
19. UNDERTAKEROOS. Lawley Sons In (Addiess) 1754 Par 1 W. W.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 + ay , 19 3 3 dood meens	(Signed) (Signed) M. (Address) Roderick, Ind

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIAN
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S. No. 1

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BUREAU V-F			
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			er II a I

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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	DIACEO	E DEATH	VIL C	I WIAIX I
1	. PLACE O			
		rederic		
	Village or C	CityPof	int of	Rocks
	Length of res	idence in city of	r town where d	leath occurred5_
2	. FULL NA	ME R	ichard	Paul Peon
	(a) Residen	nce: No	Point o	of Rocks (Usual place of
	PERSON	AL AND	STATIST	ICAL PARTIC
3. 5	sex Nale	4. COLOR O		5. SINGLE, MARRI OR DIVORCED Single
5a.	If married, widow HUSBAND of			DITTELE
	(or) WIFE of			
	DATE OF BIRTH AGE Yea		d year) Nov	rember 25,1
	ro		0	
	8. Trade, profe	ssion, or partie	ular	15 At Home
OCCUPATION	9. Industry or work wa SAW MII 10. Date deceas this occu	business in wh s done, as SILK LL, BANK, etc	ich MILL, at and	11. Total tim
12.	BIRTHPLACE (ci (State or cou		arylan	ð
ER	13. NAME	Harry F	R. Peom	LA
FATHER	14. BIRTHPLACE	E (city or town) r country)	Mary	land
ER	15. MAIDEN NA	ME		e Nock
MOTH	16. BIRTHPLACE	E (city or town) r country)		
	INFORMANT MO	Point of	Rocks	. Md.
18.	BURIAL, CREMAT	TION, OR REMO	OVAL PER	ocks Date_8/12/
19.		M. R. H		r & Son
	0			. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1800

1. PLACE	OF DEATH	1 1/1/ 1/1		OEKIII IC	-(120)			140
County	Frederick					Registration	Dist. No.	100
	City Point of			No f death occurred in a ho s15 ds. How lo				d number)
	ence: No. Point	Paul Peo of Rocks (Usual place	of abode)		Vard.		t give city or town a	nd State
	NAL AND STATIST		•			RTIFICATE	E OF DEATH	
Male Nale	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI Single	RIED, WIDOWED,  O (write the word)	21. DATE OF		August (Month)	10, th.	., 193 3 (Year)
5a, If married, wid HUSBAND of (or) WIFE of	owed, or divorced  4 (month, day, and year) Nov	and and a	0.57	Last saw h in	, 19		Y. That I attende	
	ears Months	Oays	If LESS than	to have occurred on		bove at 6 . 3	5P.m.	, 00411113 3414
5	8	15	1 day,hrs.	The PRINCIPAL CA				Date of onset
9. Industry o work work work work work work work wo	fession, or particular work done, as SPINNER, R, BOOKKEFPER, etc. r business in which vas done, as SILK MILL, IILL, BANK, etc	At Home	me (years) It in this pation	Club har fr. of w	Causes of importa		amatin	3 w
(State or co		d					!	
13. NAME	Harry R. Peom	ry						
(State	CE (city or town)	land					Oate of	
David P	TAME Nallic CE (city or town) Virgin	e Mock			r homicide?		The state of injury	, 19
(Address)	Point of Rocks	eomry,	**************************************	Specify whether inj	ury eccurred in I	YOUSTRY, in HO	OME, or in PUBLIC	PLACE.
18. BURIAL, CREM.	ation, or removal Pt.R t. Pauls Cem.	ocks Date_8/12,	/33,19	Manner of injury				
19. UNDERTAKER . (Address)	M. R. Etchison Frederick			If se, specify		related to occur	pation of deceased?.	
20, FILED.	11,1933 10	MIN	Registrar.	- 9	T. Cyl.	12 en	land Lago lica	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-1-2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	624-C/E/VE/P	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	E 672-6 1035	July 5,1927	Peritonitis	3 days ago
	REBEAU			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

98. Fahmey.

V. S. No. 1

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 08101
1. PLACE OF DEATH	(31)
County Frederick municipality con	Registration Dist. No. / 3/
Village or City Fracterick Of de	No. 787. W. All Saissta St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
A	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John 1. Proctor	
	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored Massied	(Morph) (Day) (Year)
5a. If married, widowed, or divorced	
( of MIFE of Herrocetta Price	22. HEREBY CERTIFY That I ettended deceased from
1 1 1 5 3	I last sew h
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 2 40 22 m.
Can I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Hoand SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, Barmis SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and second in this occupation (month and second in this occupation (month and second in this occupation).	
9. Industry or business in which	(2) : 1.1
SAW MILL, BANK, etc.	Drights Migray 5012
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
year) occupation 30	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Groederich 60	Other Countries of Importance.
(State or country) Marryland	
II 13. NAME Do not tenow	
14. BIRTHPLACE (city or town) AL (C. C. C	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mars Herriella Rocctor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) /8/. W. All Saints of	
18. BURIAL, CREMATION, OR REMOVAL 37 60 1933	Manner of injury
riandujus abun samoate studies 1935.	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
(Address) Finederick)	If so, specify
20. FILED 19- ary 1933 Straf meanly	(Signed) M, D.
If more bladed are needed, address State Position of	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		AND ROOM AND	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Brooke.

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08102
1. PLACE OF DEATH	23
county on ederical	Registration Dist. No. 157
Village or City State Sanatorupi	No. C. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Slorge U, Ka	mor at a way
(a) Residence: No. MARYLANG TUBERCULOSIS SANS	TOSPIUM Ward Ballo CO. May
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Queg (3 , 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF (Or) WIFE OF WRITE	22. I HEREBY CERTIFY, That I attended deceased from  1932 to aug 13 1933
6. DATE OF BIRTH (month, day, and year) May 18. 1866	Hest saw h. M. alive on . Qugust 12 , 19.33; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4 m.
67 2 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Will wright fullar SAWYER, BOOKKEEPER, etc.	n Pulmonary Tuber culosio
kind of work done, as SPINNER. Well wrught fully SAWYER, BOOKKEEPER, etc.  Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and deceased) in this occupation (month and deceased).	
10. Date deceased last worked at this occupation (month and / 93) 11. Total time (years) spent in this Gyno occupation Grupation	
DA 60 A 6	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) 1 COUNTY (State or country)	
I P P P	14004
[State or county)	Name of operation Date of Date
	What test confirmed diagnosis? CAMMA Any 4100. Was there en europsy?
I Man I de la	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of injury, 19  Where did injury occur?
17. INFORMANT Geo. a. Raynor (on admission)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL /	
Place Balto-Ma Date un Brows	Manner of injury
19. UNDERTAKER M. L. Creagest Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Thurnvuff yud.	If so, specify A f
20. FILEO 8/13/83, 19 Argistrar.	(Signed) Lewar & Shaffer, M. D. (Address) State Sarra Corline M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example	***	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1925	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
WON			
Other contributory causes of importance:	7/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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		1777
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No		(
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0.		

	OF DEATH				STATE OF	MARYLAND
County F	rederick	***************************************			CERTIFICA	TE OF DEATH
		, ,/		(82-0)	Registratio	on Dist. No. 15
Village or City	-	elle (No	_	0 4	St:Wa	ard) (If death occurred a hospital or instation, give its NAME stead of street
<sup>2</sup> FUL	L NAME	ura	xane	/Cour	***************************************	number.)
PERSON	AL AND STATIST		JLARS	MEDI	CAL CERTIFICAT	E OF DEATH
I SEX Fernale	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		16 DATE OF DEATH	Conjust	
6 DATE OF BIR	гн			17 L HEREE	- 1/	attended the deceased f
	(Month)	/ (Day)	, 1859 (Year)			192 Long 2. 3, 192
7 AGE	411	12.	If LESS than I day hrs.	and that death occi		tod above, at 3.40 P.
occupation (a) Trade, proparticular kind	of work	etired	or	C. C. C. L. L. L.	La Laboration	a linking.
(a) Trade, proparticular kind (b) General na business, or es which employe	ture of industry	etired	, or	Contributory	(Duration)	
(a) Trade, pro particular kind (b) General na business, or es	ture of industry tablishment in d or (employer)	glama	6	Contributory	***************************************	
(a) Trade, proparticular kind (b) General na business, or es which employed (State or could name of FATHER	ture of industry tablishment in d or (employer)	ylana Roderi	ck		(Duration)	yrsmos
(a) Trade, proparticular kind (b) General na business, or es which employed BIRTHPLACE (State or could FATHER 11 BIRTHPLACE (State or Could State or Could S	ture of industry tablishment in d or (employer)  ntry)  ACE  COUNTRY)  THAT  COUNTRY)  THAT	ylano Roderi	ch	(Signed) (Signed) (State the Violent Causes,	(Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)	yrsmosM
(a) Trade, proparticular kind (b) General na business, or es which employed BIRTHPLACE (State or could be state or could	ture of industry tablishment in d or (employer)  ntry)  ACE COUNTRY)  NAMERICA  REPLACE  NAMERICA  NAMERICA  REPLACE  NAMERICA  NAMERICA	ylana Roderi rylan	d d may	(Signed)	(Duration)	mos 2/
(a) Trade, proparticular kind (b) General na business, or es which employe 9 BIRTHPLACE (State or could be state or coul	ture of industry tablishment in d or (employer)  ntry)  MARY ER  NAME  REP  ACE  ER  NAME  ACE  ER  ACE  ACE	yland Roderi Minne	d d may,	(Signed)	(Duration)  (Durat	mos 2/  mos 2/  mos 2/  Matha and a star from Injury and (2) Whether spitals, Institutions, Tr
(a) Trade, proparticular kind (b) General na business, or es which employed business, or expension of the control of the c	ntry)  NAME LECTO THE BEST	gland Roderi Roderi Prime	ch d musy,	(Signed)	(Duration)	mos A Marie
(a) Trade, proparticular kind (b) General na business, or es which employed business, or expension of the control of the c	ture of industry tablishment in d or (employer)  ntry)  ACE COUNTRY)  NAM ER AGE ER COUNTRY)		d d mun, d epge	(Signed).  (Signed).  (State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent F At place of death yrs.  Where was disease con if not at place of de Former of	(Duration)  (Durat	mos 2/  Mos.  Mos.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Example: Measles (disease ," "Coma," "Convulsions, Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08104
1. PLACE OF DEATH	(II-Z)
County Tre derich	Registration Dist. No 3/2
Village or City Monteurs topstal	Napronlecue Ishilal St., Ward
(If Length of residence in city or town where death occurred 10 yrs 9 mos.	death occurred in a hospital or institution, five its NAME instead of street and number)  2 2 ds How long in U.S. if of folelgn birth?
2. FULL NAME Sanal Schauter	100
	4 .St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Semale White single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0) / 112 01	ang 2/ ,1933, to ang 2/ ,193
6. DATE OF BIRTH (month, day, and year) Www 6 1854	I last saw I alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at #
/8   /5   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or husiness in which	Vessete polinomany I denne lang 2
work was done, as SILK MILL, SAW MILL, BANK, etc	1
O 10 Date deceased last worked at this occupation (month and year) spant in this occupation.	V
24.00	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 1. Josephus Sch aefer  14. BIRTHPLACE (city or town) Waryl and	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? 20
15. MAIDEN NAME Leide a a Lovert	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Le de a County  16. BIRTHPLACE (city or town)  (State or county)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clares a forms week.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Burkellts valle Md Date Lling 23, 1933.	Nature of injury
19. UNDERTAKER G. H. Frete + Son (Address) Brunsweck, MI	24. Was disease of injury in any way related to occupation of deceased?
20. FILEDO 22-ary 1983 and mccurly: Registrar.	(Signed) 100 thornes M. D.  (Address) troberick 2nd
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
of importance were as:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OFCEIVED!	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1933	July 5,1927	Peritonitis	3 days ago
	W 1 1			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08105
1. PLACE OF DEATH	<u> </u>
County Frederick	Registration Dist. No./3/
Village or City Men Lander	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
D. B. C.	
2. FULL NAME Valy Vary Stup	
(a) Residence: No. / Car & ander (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divoseed HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cang 2 1933	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and ratated causes of importance were es follows:
8 Trade profession or particular	Were as tollows: Oate of onset ly acceptantal Oate of onset
9. Industry or business in which	1-augs
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and spent in this	Still Barn-
12. BIRTHPLACE (city or town) Man Lander	Other Coutributory Causes of importance:
(State or country) 744	
13. NAME For Charles Stup	
13. NAME To Charles Step  14. BIRTHPLACE (city or town) Uslavia  (State or country)	Name of operation Date of
(State of country)	What tast confirmed diagnosis?
15. MAIOEN NAME (Popie Wachter  16. BIRTHPLACE (city or town) Lewistower  (State or country) Fraccisco Co	23. If death was due to axternal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Charles Stup (Address) Teleson M9	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Reformed Cemety a mana Place Frederick Co Mf Oate & - 12 , 1933	Manner of Injury Roll Nature of Injury Lunghing of aukle
19. UNDERTAKER Lang & Carty (Address) Total with mill	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 2 aug 133 Amount	(Signed) a Jacksof Brus M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	1 week ago
Run over by street car	1 week ago
	-
Peritonitis	
	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH STATE OF MARY County Fredoris CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE 3 SEX 4 COLOR-OR RACE 16 DATE OF DEATH WIDOWED Widow OR DIVORCED (Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from 19233 to SMI 8 , 1923 (Month) (Dav) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at .. l day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) \_\_\_\_\_yrs.\_\_\_\_mos\_\_\_\_\_ which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) D W (Durstion) DO 10 NAME OF (Signed) FATHER 0 11 BIRTHPLACE OF FATHER CAUSI FNH the Disease Causing Death, or, in deaths from (State or country) Wiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_\_\_ds. (State or Country) 00 Where was disease contracted, inous of if not et place of dea.h?. Every Item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the and consequences (e. g., sepsis, Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND	-CERTIFICATE OF DEATH 08107
1. PLACE OF DEATH	3
County Frederice	Registration Dist. No. 136
Village or City Land Hale	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	_mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jouly There	
(a) Residence: No. Here (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	
Fernal White OR DIVORCED (write the word	193.3
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0 2522	Stell 1- 1933, to ling 26, 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS that	I last saw h
1 day, 0	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still from
9 Industry or business in which	asplicio breade
work was done, es SILK MILL, SAW MILL, BANK, etc.	- Installation
10. Date deceased last worked at this occupation (month end pear) spent in this occupation occupation	-
J. C. O.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) The Cartest or country)	
7 - 10-	M
14. BIRTHPLACE (city or town) The Leave (Stete or country)	Name of operation
15. MAIDEN NAME Carrie Lee	23, If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Inderick Co.	Accident, suicide, or homicide?Date of Injury19
(Stete or country)	Where did injury occur?
17. INFORMANT Surge C. Minice (Address) astamolowy md RJa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Island Hell Date aug 26, 19	Nature of injury
19. UNDERTAKER Leave C think Leather (Address) adamston	24. Was disease or injury in any way related to occupation of deceased? 229
20. FILED Ory 26, 1933 9. Offendulyse	(Signed) Stationard M. D.

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done:
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	357\\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN